

SAN DIEGO DEFENSE LAWYERS

Membership Application



Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Yr. Admitted to Bar: _____

Does your practice emphasize defense work to where you can describe yourself as a lawyer primarily engaged in the defense of civil litigants? ___ Yes ___ No

Membership Fees:

\$145.00 per year

The association's dues year runs from January 1 to December 31

By this application I am:

___ applying for new membership

___ renewing my current membership

Please make check payable to: **San Diego Defense Lawyers** and mail with application to:

Membership Chair
San Diego Defense Lawyers
P.O. Box 82716
San Diego, CA 92138
Email: sddlinfo@sddl.org